

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

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CLAIMANT'S NAME Manal Yamout		SSAN OR EMPLOYEE NUMBER 613-05-6859		DEPARTMENT Governor's Office	
POSITION Special Advisor to Governor		CB/D NUMBER		DIVISION OR BUREAU Governor's Office	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 1st Floor - State Capitol		INDEX NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
			Sacramento	CA	95814

MONTH/YEAR 4/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
22-Apr	3:00 PM	SF-DC				16.39		219.40	Air, Bags and Bart		0.00		235.79
23-Apr		Washington, D.C.						27.90	Rail		0.00		27.90
26-Apr		Washington, D.C.		1.10	8.35	18.00	6.00				0.00		33.45
27-Apr		Washington, D.C.		5.83	10.00	18.00	6.00	15.00	Taxi		0.00		54.83
28-Apr		Washington, D.C.			9.50	18.00	6.00	20.00	Taxi		0.00		53.50
29-Apr		D.C. to NY	207.98				6.00	152.40	Taxi/Air		0.00		366.38
30-Apr		NY, New York			8.66	3.97	6.00	27.28	Taxi		0.00		45.91
1-May	5:30	NY to Sac			8.08		6.00	489.00	Air, Bags		0.00		503.08
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			207.98	6.93	44.59	74.36	36.00	950.98	0.00	0.00	0	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													\$1,320.84

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

To meet with multiple agencies that are crucial to the progress of California renewable energy interests. These meetings took place in Washington DC and New York.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241030

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

5/16/10

SIGNATURE OF

ENT

DATE

5/17/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE